S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 49 / 51
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee				
\rangle	NAME OF COMMITTEE (In Full) FRIENDS OF ROSA DELAURO			
۸.	Full Name (Last, First, Middle Initial) Democratic State Central Committee Mailing Address 179 Allyn Street			Transaction ID: 61116.E7995 Date of Disbursement M M M / D D D / Y Y Y O O O
	Suite 301 City Hartford Purpose of Disbursement	State Zip Code CT 06103-		Amount of Each Disbursement this Period
	EXCESS CAMPAIGN FUNDS Candidate Name Office Sought: House Disburs	ement For: 2006	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President State: District:	Primary X General Other (specify) ▼		
3.	Full Name (Last, First, Middle Initial) Tim Mahoney for Florida			Transaction ID: 61116.E7997 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4114 Northlake Blvd Ste 300 City State Zip Code			Amount of Each Disbursement this Period
	Palm Beach Gardens Purpose of Disbursement	FL 33410-6281		1000.00
	CONTRIBUTION Candidate Name TIMOTHY EDWARD MAHONEY		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Senate President State: FL District: 16	ement For: 2006 Primary X General Other (specify)		
Э.	Full Name (Last, First, Middle Initial) Heath Shuler for Congress			Transaction ID: 61116.E8000 Date of Disbursement
	Mailing Address 735 Haywood Rd Ste B			$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O & G \\ Y & 2 & 0 & O & G \end{bmatrix}$
	City Asheville	State Zip Code NC 28806-3131		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION			1000.00 Refund or Disposal of Excess
			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburs Senate President State: NC District: 11	ement For: 2006 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only)				